

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 576 264

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2		1				
3	1					
4	3		1		1	
5	3		1		1	
6	1		1		1	
7	①		1		1	
8	①		1		1	
9	①					
10	①					
11	①					
12		1		1		
13			1		1	
14					1	
15			1		1	
16					1	
17					1	
18		1		1	1	
19			1		1	
20					1	
21					1	
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40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	1		3		3	
TOTAL DEP.	14	←	15	←	15	←
TOTAL CLAIMS	15		18		18	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	